

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/589059

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
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31						
32			1			
33				1		
34				2		
35				1		
36				1		
37				1		
38				1		
39				1		
40				2		
41				1		
42				1		
43				1		
44				1		
45				1		
46				1		
47				2		
48				1		
49				1		
50				2		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				2		
52				2		
53				1		
54				1		
55				2		
56				1		
57				1		
58				2		
59				2		
60				1		
61				1		
62				1		
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97						
98						
99						
100						
TOTAL IND.		↓	1	↓		↓
TOTAL DEP.		←	39	←		←
TOTAL CLAIMS			40			